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APPLICANTS

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*3P*

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/392,234 06/27/2002

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*ADONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 20	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	<i>Brian Pellegrino</i> Examiner's Signature	Initials	

ADDRESS

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TITLE

Expanding arthroplasty devices

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